

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1957

State File No. **38418**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>531</b>		Registrar's No. <b>2660</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b> b. CITY (If outside corporate limits, write RURAL and give town) <b>University City</b> c. LENGTH OF STAY (in this place) <b>40-yrs.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6272 Cabanne Ave.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> c. CITY OR TOWN <b>4336 University City</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>6272 Cabanne Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) _____ c. (Last) <b>Radley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 27, 1957</b>		5. SEX <b>M.</b>		6. COLOR OR RACE <b>W.</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 5, 1876</b>		9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>22</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CAARPENTER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>England</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Unknown Radley</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Della Radley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Della Radley</b> ADDRESS <b>6272 Cabanne Ave. U.C.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis. Heart Dis.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Diabetic Mellitus</b>  DUE TO (c) <b>Generalized arteriosclerosis. Bilateral mild large aneurysms. (Rt. 1955) (Sept 1956)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yr.</b> <b>10 yr.</b> <b>12-15 yr.</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>260X</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1949</b> , to <b>Oct 27, 1957</b> , that I last saw the deceased alive on <b>Sept 24 1957</b> , and that death occurred at <b>11:30 am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>H. K. Roberts M.D.</b>				23b. ADDRESS <b>110 S. Central</b>		23c. DATE SIGNED <b>Oct 28, 1957</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct. 30, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>10-28-57</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Donahue</b>		FURNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>	

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4699

P. O. Address 3840 Lincoln

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.